PTO/SB/06 (08-03)
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PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application or Docket Number: *10943870*

CLAIMS AS FILED – PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	SMALL ENTITY RATE	FEE	OR	OTHER THAN SMALL ENTITY RATE	FEE
BASIC FEE (37 CFR 1.16(a))				$	OR		$ 770
TOTAL CLAIMS (37 CFR 1.16(c))	37 minus 20 =	12	X $____ =		OR	X $____ =	396
INDEPENDENT CLAIMS (37 CFR 1.16(b))	8 minus 3 =	5	X $____ =		OR	X $____ =	450
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ $____ =		OR	+ $____ =	
			TOTAL		OR	TOTAL	1416.

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED – PART II

5/2/05

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	* 35	Minus	** 37	= 1	X $____ =		OR	X $____ =	
Independent (37 CFR 1.16(b))	* 9	Minus	*** 9	= 1	X $____ =		OR	X $____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $____ =		OR	+ $____ =	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**	=	X $____ =		OR	X $____ =	
Independent (37 CFR 1.16(b))	*	Minus	***	=	X $____ =		OR	X $____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $____ =		OR	+ $____ =	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**	=	X $____ =		OR	X $____ =	
Independent (37 CFR 1.16(b))	*	Minus	***	=	X $____ =		OR	X $____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $____ =		OR	+ $____ =	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number
1999132M
RA 000054

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	37	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	37 minus 20=	17
INDEPENDENT CLAIMS	8 minus 3 =	5
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

	RATE	FEE	OR	RATE	FEE
BASIC FEE		355.00	OR	BASIC FEE	710.00
	X$ 9=		OR	X$18=	306
	X40=		OR	X80=	400
	+135=		OR	+270=	
TOTAL			OR	TOTAL	1416

CLAIMS AS AMENDED - PART II

9-2-03

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	36	Minus	37	/
Independent	8	Minus	8	/
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

2-17-04

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	36	Minus	37	/
Independent	8	Minus	8	/
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

6-10-04

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	35	Minus	37	/
Independent	9	Minus	8	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE OR OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	86
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	86

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.